CITY OF LYNCHBURG BACKFLOW PREVENTION PROGRAM

REQUEST FOR WAIVER for ALTERNATE INSTALLATION LOCATION

Applicant:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿   Telephone No.＿＿＿＿＿＿＿＿

Installation Address:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Date Submitted:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Project Information (if applicable)

Project Name:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿   Project No.＿＿＿＿＿＿＿

Project Location:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Project Engineer:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿   Telephone No.＿＿＿＿＿＿＿＿

Detailed Description of Waiver Request (attach drawing if applicable):

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Justification / Reason for Request:

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COL Utilities Technical Services Comments:

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COL TRC Representative Comments:

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＿＿＿＿＿APPROVED   ＿＿＿＿＿DISAPPROVED   ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

                                                                  Director of Utilities   Date